

**CITY OF MILPITAS
FAMILY CHILD CARE ASSISTANCE FUND**

PURPOSE:

The purpose of this fund is to increase program quality in Milpitas family child care homes. By submitting a grant request to the City, approved Milpitas family child care providers have the opportunity to purchase services and supplies which will create safer and more enriching environments for children. A family child care home is defined as a business, licensed to provide child care services in the provider's primary residence. All family child care homes are described as small or large, depending on the number and ages of children cared for, but can serve no more than 14 children. The City of Milpitas' Child Care Master Plan, adopted April 2002, introduces the vision "Quality Child Care: an investment in the future of children, families and our community." Since its inception in 1996, this grant fund has supported this vision by investing in quality improvements for Milpitas family child care providers.

ELIGIBILITY REQUIREMENTS:

1. The family child care home must be located within the Milpitas City limits.
2. Individuals requesting funds must possess a valid family child care home license issued by the Department of Social Services Community Care Licensing Division. Applicants must attach a copy of the current license to the grant application. Individuals who possess provisional, suspended or revoked licenses shall not be eligible for funding assistance.
3. Individuals requesting funds must have been providing licensed family child care within the Milpitas City limits for a minimum of one year.
4. Effective fiscal year 2004/2005, individuals are eligible to receive funding for a maximum of three consecutive years. Providers caring for special needs children are exempt from this requirement.
5. Applicants who have received grant funding in prior fiscal years must have completed the required documentation to be considered for funding in subsequent years. Applicants with incomplete documentation from prior years will not be considered for funding until the required paperwork has been submitted.

FUNDING PRIORITIES:

First priority will be given:

1. To support the care and supervision of special needs or developmentally delayed or disabled children. Acceptable expenditures include (but are not limited to) fees for professional environmental assessments, the purchase of specialized toys and equipment and facility modifications.

Second priority will be given:

1. For services and supplies, which enhance the program quality of the family child care home.
2. For supplies and equipment, which promote the health and safety of the children.
3. To support the providers' continuing education in the field of early childhood education and development. Examples of appropriate expenditures include workshop fees, college course tuition and training seminar costs.
4. For fees and costs associated with Accreditation and quality assessment tools. Quality child care assessment programs sponsored by nationally recognized organizations shall be eligible for funding, such as the National Association for the Education of Young Children (NAEYC) and the National Family Child Care Association (NAFCC). Program and membership fees as well as recommended quality enhancement supplies are permitted under this funding category.

Funding will not be given:

1. For ongoing salary cost for substitute staff, when provider replacement is needed.
2. For purchasing materials and equipment which do not have a direct influence on program quality.
3. For college course tuition reimbursement for classes that do not directly relate to child development, the care and supervision of children, interacting with families, or the management of a small business.

FISCAL LIMITS AND CONDITIONS:

1. The maximum amount for any Family Child Care Assistance Fund Grant is \$500.00 per fiscal year.
2. The Parks, Recreation, and Cultural Resources Commission may recommend any amount deemed appropriate, which may be less than or up to the full \$500.00 annual limit.
3. Individuals who have received grants and whose licenses are subsequently revoked or suspended for any reason shall report such revocation or suspension to the child care coordinator promptly. Such providers will not be eligible for further grant assistance until their license has been fully reinstated. In addition, individuals whose licenses are revoked or suspended shall return any unexpended grant funds to the coordinator.
4. Should a family child care program operating with grant assistance under this program cease operations for any reason, the grant recipient shall likewise return unexpended grant funds to the City of Milpitas through the coordinator.

APPLICATION PROCESS:

1. The applicant requests a Family Child Care Assistance Fund Grant packet from the City of Milpitas Recreation Services, 457 E. Calaveras Blvd, Milpitas, CA 95035, (408) 586-3210.
2. The applicant reviews the Policies and Procedures, completes the application for funding and attaches a copy of their current family child care license issued by Community Care Licensing. Applicant shall indicate how the proposed services or supplies will impact program quality.
3. The applicant submits the completed application to the City of Milpitas Recreation Services, 457 E. Calaveras Blvd., Milpitas, CA 95035, Attention: Child Care Coordinator.
4. Staff reviews the application and places the item on the agenda for the next Parks, Recreation and Cultural Resources Commission meeting, generally within 45 days of receipt. Staff notifies the applicant regarding application conformance to guidelines, timeline for meetings and process for grant funding.

5. Applicant must attend the Parks, Recreation and Cultural Resources Commission meeting in order to be available to answer any questions the Commission may have regarding the application. Applicants who do not attend the meeting will not have their request reviewed. Instead, the application will be agendaized for consideration the following meeting. Commission meetings are generally held the first Monday of every month.
6. The Commission considers applications and recommends grant awards in the order the applications are received, until all allocated funds for the fiscal year are expended. The fiscal year begins in July and ends in June.
7. The Commission's recommendations are forwarded to the City Council for final approval.
8. Upon City Council approval, the grantee meets with staff to enter into a contract with the City. Funding is treated as a contract service. The grantee signs the Family Child Care Assistance Fund Grant Acceptance Form upon receipt of payment. This form verifies that the grantee has received the funding, and that he/she agrees to spend the funds on the purposes listed in their approved grant application. Staff and the grantee both receive a copy of the signed agreement.
9. Grantee completes the Family Child Care Assistance Fund Grant Press Release Consent form, indicating whether or not the grantee approves of media coverage of the grant. The press release information will include non-confidential information only, such as the name of the grantee and the approved services or supplies to be purchased. The address of the provider will not be disclosed.
10. Within one year of the receipt of the grant, the grantee submits a Family Child Care Assistance Fund Grant Final Report, indicating how the funding assisted with program quality enhancements. Copies of receipts are attached to the Final Report to verify that the funds were spent in accordance with the approved application. The grantee submits the required documentation to the City of Milpitas Recreation Services, 457 E. Calaveras Blvd., Milpitas, CA 95035, Attention: Child Care Coordinator.
11. Should the grantee fail to submit documentation within the one-year timeline, staff will mail a reminder letter indicating which items are missing. Grantees shall not be eligible for subsequent funding until the City has received all of the required documentation for the current grant.

**City of Milpitas
Family Child Care Assistance Fund
Grant Application**

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Email: _____

Department of Social Services Community Care Licensing Facility #: _____

' Please attach a copy of your license to this application '

Date License first issued: _____

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

2. Amount you are requesting \$ _____

3. How many children are currently enrolled in your program? _____

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

5. In order to understand your client population, please indicate number of **families** served per category:
- _____ Parent(s) live and work in Milpitas
_____ Parent(s) live in Milpitas but work in another City
_____ Parent(s) live in another City but work in Milpitas
_____ Parent(s) do not live or work in Milpitas
6. Do you currently belong to any Professional Child Care Associations? Please list.
- _____

7. What hours are you open to provide child care services?
_____ AM to _____ PM
Days of the week: _____
8. Is your program accredited? _____
If yes, by what organization? _____
If no, do you have plans to become accredited? _____
9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).
- _____

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?
- _____

11. Please list all of the previous years you have received grant funding from the City of Milpitas.
- _____

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.
- _____

**Please attach a copy of your current license issued by
the Department of Social Services Community Care Licensing.**

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

Family Child Care Assistance Fund 1995-2005											8/15/2006	Provider
Fiscal Year	1995/1996	1996/1997	1997/1998	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	Totals
Budget Total	2500	2500	2500	2500	3500	3500	4000	4000	4000	6000	6000	41000
Aguilar	250											250
Alvarado			250	250	250							750
Araya								500	500	350		1350
Baria						250						250
Carnero				250								250
Chagolla										500	450	950
Chaney		230			250		250					730
Christopher									0	500		500
Clanton		250	250	250	250	250	250	500	500	350	400	3250
Cooper					250				0	500		750
Corriea					250		250		0	500	400	1400
Dela Croche			250	250								500
Diaz										500	450	950
Ding		250		250	250	250	250	500	500	350	400	3000
Egusa					250	250	250	500	500	350	400	2500
Finke		250										250
Gapuz			250									250
Hartman					250							250
Kwok										500	450	950
Lagman		250	250	250	250	250	250	500	500	350	400	3250
Langhorst			250									250
Ligon		250			250		250	500	500	350	400	2500
Mena							0					0
Mohammed											475	475
Perez				250								250
Ruiz*					250		250	0	500		253.48	1253.48
Sabo	225		250					500				975
Salim										500	500	1000
Samawi		250	250	250	250	500		500	500	350	400	3250
Shepard	250		250		250							750
Shieh			250	250								500
Stephens				250								250
Tang											475	475
Thiell						250						250
White					0							0
Disbursed	725	1730	2500	2500	3250	2000	2000	4000	4000	5950	5853.48	34508.48
Remaining \$	1775	770	0	0	250	1500	2000	0	0	50	146.52	6491.52
												41000

* Ruiz FY 2005/2006 grant amount \$400 - \$146.52 amount returned to City

**City of Milpitas
Family Child Care Assistance Fund
Grant Application**

Name of Applicant: Victoria Burns

Address: 830 North Abbott Avenue

City: Milpitas State: CA Zip: 95035

Home Telephone: 408-945-7996 Email: vburns3169@aol.com

Department of Social Services Community Care Licensing Facility #: 434408210
: Please attach a copy of your license to this application :

Date License first issued: March 7, 2005

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

I would like to purchase an assortment of supplies: nap cots and sheets, a manipulatives library, rhythm instruments, and a variety of smaller items (shopping cart, doll stroller, pegboards, and other manipulatives including blocks).

These items will enhance my program by giving me more materials to use along with my curriculum. The children in my program are getting older and I am in need of more preschool aged materials (versus toddler aged materials). The manipulatives and pegboards will provide them with an opportunity to work on their small motor skills as well as learn math concepts. The dramatic play items (doll stroller and shopping cart) will allow the children to use their imaginations and practice role playing.

The nap cots and sheets will be used in lieu of nap mats on the floor.

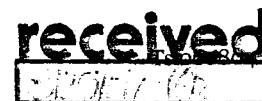
2. Amount you are requesting \$ 500.00

3. How many children are currently enrolled in your program? 6

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

None of the children have special needs or developmental delays.

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203



In order to understand your client population, please indicate number of **families** served per category:

____ Parent(s) live and work in Milpitas
4 Parent(s) live in Milpitas but work in another City
____ Parent(s) live in another City but work in Milpitas
2 Parent(s) do not live or work in Milpitas

5. Do you currently belong to any Professional Child Care Associations? Please list.

I belong to the California Association for Family Childcare (CAFCC) as well as the Milpitas Alliance for Better Childcare.

6. What hours are you open to provide child care services?

 ** AM to ** PM ** (My hours vary according to the needs of my families, but currently I am open 7:00 AM – 6:30 PM.)

Days of the week: Monday - Friday

7. Is your program accredited? Not at this time

If yes, by what organization? _____

If no, do you have plans to become accredited? Yes, most likely.

8. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

I use the Family Day Care Environment Rating Scale (FDCRS) to ensure the quality of my program.

9. What is your alternative plan if City funding is not granted or if granted at a reduced level?

I would still like to purchase many of these items, however, I will need to budget money so that I can purchase them over time.

10. Please list all of the previous years you have received grant funding from the City of Milpitas.

I have not received any grant funding previously.

11. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

Yes, I have Liability Insurance.

**Please attach a copy of your current license issued by
the Department of Social Services Community Care Licensing.**

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

**City of Milpitas
Family Child Care Assistance Fund
Grant Application**

Name of Applicant: Elba B Chagolla

Address: 1467 Fontainebleau Ave

City: Milpitas State: CA Zip: 95035

Home Telephone: (408) 942-8782 Email: ebchagolla@sbcglobal.net

Department of Social Services Community Care Licensing Facility #: 484406608

: Please attach a copy of your license to this application :

Date License first issued: 05-30-03

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

I would like to have a sand and water table with
1. d. Children will have more opportunities to do
projects like, explore - mixing colors, measuring,
Children will have more outdoors learning activities
if I have the ~~equipment~~ equipment.
Also I would like to purchase sand and water toys
or dramatic play toys dress up-

2. Amount you are requesting \$ 500

3. How many children are currently enrolled in your program? 11

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

no

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

received
5/23/06 (a)

Tslo60804

5. In order to understand your client population, please indicate number of **families** served per category:

3 Parent(s) live and work in Milpitas
2 Parent(s) live in Milpitas but work in another City
1 Parent(s) live in another City but work in Milpitas
6 Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

Milpitas Alliance for Better Child Care and Friend

7. What hours are you open to provide child care services?

7:00 AM to 6:00 PM

Days of the week: Monday to Friday

8. Is your program accredited? no

If yes, by what organization? _____

If no, do you have plans to become accredited? yes

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

Save enough money and buy the water table or
wait until next summer.

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

2003/2004 2004/2005 2 times \$500 - \$450

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

yes

**Please attach a copy of your current license issued by
the Department of Social Services Community Care Licensing.**

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

City of Milpitas
Family Child Care Assistance Fund
Grant Application

Name of Applicant: Janice Chaney
Address: 1214 Daniel Ct.
City: Milpitas State: Ca Zip: 95035
Home Telephone: 408-263-7630 Email: Janices-day-care@yahoo.com
Department of Social Services Community Care Licensing Facility #: 430758457
: Please attach a copy of your license to this application :
Date License first issued: 04-27-94

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

I need Book, my water heater Broke in the garage were all of our Books, color papper, color Books, work Book for math, read, Spelling, for pre school were.

I would like to Sew New Sleeping mats for the kids so they have there own Blaket. I need roll out grass for my play yard it is all dirt. The kind that is like a carpet. Not Real grass.

2. Amount you are requesting \$ \$ 500.00
3. How many children are currently enrolled in your program? 4
4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

all my children need special care.
I need all that I can get to help my children to get ready for school and to have fun at the same time.
Thank you.

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

received
8.18.06 (SD)

5. In order to understand your client population, please indicate number of **families** served per category:

2 Parent(s) live and work in Milpitas
2 Parent(s) live in Milpitas but work in another City
1 Parent(s) live in another City but work in Milpitas
1 Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

NONE

7. What hours are you open to provide child care services?

6:30 AM to 5:30 PM

Days of the week: m-T-W-T-F

8. Is your program accredited?

NO

If yes, by what organization?

If no, do you have plans to become accredited?

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

yes.

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

I will just have to work harder and
save my money, just a little at a
time - to get the thing I need.

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

I think it was only one maybe two times
but it was a long time ago.

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

I have the mom's and/or dad
fill out a release of Liability
insurance paper -
they are ok with this.

**Please attach a copy of your current license issued by
the Department of Social Services Community Care Licensing.**

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

**City of Milpitas
Family Child Care Assistance Fund
Grant Application**

Name of Applicant: Sherry Clanton
Address: 226 Greentree Way
City: Milpitas State: CA. Zip: 95035
Home Telephone: 263-6879 Email: sharidan@comcast.net
Department of Social Services Community Care Licensing Facility #: 430751783
: Please attach a copy of your license to this application :
Date License first issued: 1981

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

The Mother Goose pre-school program.
The activities are designed to help children
grow and develop socially, emotionally,
physically, and intellectually.

Age appropriate games, toys, or books
as needed.

2. Amount you are requesting \$ 500.00

3. How many children are currently enrolled in your program? 8

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Yes. I care for a child with developmental
delays in speech and writing. This grant
could help buy the right supplies
needed to help this child grow intellectuall
child does have an "IEP" with
the school district.

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

received
10/13/06

5. In order to understand your client population, please indicate number of **families** served per category:

3 Parent(s) live and work in Milpitas
4 Parent(s) live in Milpitas but work in another City
 Parent(s) live in another City but work in Milpitas
1 Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

Milpitas Alliance for better childcare.

7. What hours are you open to provide child care services?

7 AM to 5:15 PM

Days of the week: M — F

8. Is your program accredited? NO

If yes, by what organization?

If no, do you have plans to become accredited? NO

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

I adhere to licensing regulations,
I provide a pre-school program
and field trips.

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

ASK parents for help.

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

1996-1997 fiscal year, every year
since.

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

Have home owners insurance, but
not the extra insurance, so I
have the parents sign an affidavit.

**Please attach a copy of your current license issued by
the Department of Social Services Community Care Licensing.**

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

**City of Milpitas
Family Child Care Assistance Fund
Grant Application**

Name of Applicant: SHILA DESAI

Address: 527 SIMAS DRIVE

City: MILPITAS State: CA Zip: 95035

Home Telephone: 408-262-1779 Email: Bhagirathdesai@hotmail.com

Department of Social Services Community Care Licensing Facility #: 430757683

• Please attach a copy of your license to this application •

Date License first issued: DEC - 4 - 1992

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

- ① TV For children education DVD to show children
- ② DVD & VCR For educational cassette & DVD to show
- ③ educational toys & games & puzzles etc
- ④ Activity toys for child development & learning ^{BOOKS}
- ⑤ paper supplies, pencils, crayons, ~~color~~ colors, etc
- ⑥ Computer & Educational programs for higher educational goals

2. Amount you are requesting \$ 500.00

3. How many children are currently enrolled in your program? 6

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

NO SPECIAL NEED CHILDRENS.

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

received
8/14/06 (2)

5. In order to understand your client population, please indicate number of **families** served per category:

1 Parent(s) live and work in Milpitas
5 Parent(s) live in Milpitas but work in another City
____ Parent(s) live in another City but work in Milpitas
____ Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

4C COUNCIL
CHOICES FOR CHILDREN
MILPITAS Alliance for Better Child Care

7. What hours are you open to provide child care services?

7:30 AM to 5:30 PM

Days of the week: 5 (MON, TUE, WED, THU, FRI)

8. Is your program accredited? NO

If yes, by what organization? _____

If no, do you have plans to become accredited? UN KNOWN

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines). NAFCC MEMBER - AU - 13200030611

- ★ provide safe & healthy environment for children.
- ★ Responds to the need & offer age appropriate activities.
- ★ enhance children's self confidence & facilitates learning -
- ★ establish policies, maintaining records, sharing information with Parent
- ★ Respects & follows state & local family child care laws & regulations

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

Can not provide the things for better education & development for children. Better skills for higher level development which is necessary for child's development

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

NEVER, Did not know about this program until now.

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

YES. child safety locks, plug-ins, have
Children Proof house.

**Please attach a copy of your current license issued by
the Department of Social Services Community Care Licensing.**

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

City of Milpitas
Family Child Care Assistance Fund
Grant Application

Name of Applicant: Donna Eguia
Address: 1771 Tahoe Drive
City: Milpitas State: CA Zip: 95035
Home Telephone: (408)263-7136 Email: DAVEEguia@SBCglobal.net
Department of Social Services Community Care Licensing Facility #: 434400954
▶ Please attach a copy of your license to this application ▶
Date License first issued: 1994

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

ethnic dolls for play and learning tool.
3 beanbags & NEW MATS FOR circle time with
toddlers and new age appropriate
books, flash cards, (2) individual cots for nap.
stencils & Art books (portfolios) to chronicle
progress over the year. more paints, markers
learning participati
videos

2. Amount you are requesting \$ 500⁰⁰
3. How many children are currently enrolled in your program? 12
4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

no

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

received
8/23/06

5. In order to understand your client population, please indicate number of families served per category:

0 Parent(s) live and work in Milpitas
3 Parent(s) live in Milpitas but work in another City
3 Parent(s) live in another City but work in Milpitas
2 ~~4~~ Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

4CS

7. What hours are you open to provide child care services?

6 AM to 6 PM

Days of the week: 5 M-F

8. Is your program accredited?

If yes, by what organization?

If no, do you have plans to become accredited?

NO

N/A

NO

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

Child and parent satisfaction

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

purchase out of my pocket at a slower rate.

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

previous 3 years

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

yes

Please attach a copy of your current license issued by the Department of Social Services Community Care Licensing.

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

City of Milpitas
Family Child Care Assistance Fund
Grant Application

Name of Applicant: Sik Kwok
Address: 1535 Yosemite Dr
City: Milpitas State: CA Zip: 95035
Home Telephone: (408) 9349312 Email: N/A
Department of Social Services Community Care Licensing Facility #: 434406427
: Please attach a copy of your license to this application :
Date License first issued: October 2002

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

The fund use to purchase children
bikes, ride mikes, bed sheets, pillows, blankets,
baby chairs, high chairs and children
games, also children movie tapes, and children
DVD,

2. Amount you are requesting \$ 500-
3. How many children are currently enrolled in your program? 12
4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

No special cares for any children

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203



5. In order to understand your client population, please indicate number of **families** served per category:

5 Parent(s) live and work in Milpitas
3 Parent(s) live in Milpitas but work in another City
2 Parent(s) live in another City but work in Milpitas
2 Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

City of Milpitas Recreation Service
Child Care Program

7. What hours are you open to provide child care services?

8:00 AM to 7:00 PM

Days of the week: 5 days (M-F)

8. Is your program accredited? yes

If yes, by what organization?

City of Milpitas Recreation Service

If no, do you have plans to become accredited?

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

Assure high quality - play area and toys, games
- cleanliness
- nutritious meal 3 times a day
- rest, playtime and naps

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

I do not have any alternative plans.

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

2004, 2005.

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

Yes

**Please attach a copy of your current license issued by
the Department of Social Services Community Care Licensing.**

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

**City of Milpitas
Family Child Care Assistance Fund
Grant Application**

Name of Applicant: Keri Hagman

Address: 221 Greentree Way

City: Milpitas State: Ca Zip: 95035

Home Telephone: 2632041 Email: _____

Department of Social Services Community Care Licensing Facility #: 43075701
: Please attach a copy of your license to this application :

Date License first issued: 12.05.94

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

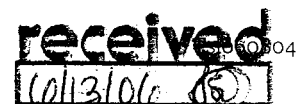
Mother Goose time, preschool materials, exciting activities
outside toys.

2. Amount you are requesting \$ 500.⁰⁰

3. How many children are currently enrolled in your program? 6

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203



5. In order to understand your client population, please indicate number of **families** served per category:

1 Parent(s) live and work in Milpitas
3 Parent(s) live in Milpitas but work in another City
1 Parent(s) live in another City but work in Milpitas
1 Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

7. What hours are you open to provide child care services?

700 AM to 630 PM
Days of the week: 5 days

8. Is your program accredited? no

If yes, by what organization? _____

If no, do you have plans to become accredited? _____

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

I provide a pre-school program and field trips
to adhere to licensing regulations

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

talk to parents and raising there rate

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

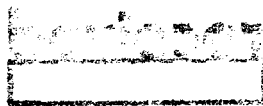
2001 - 2005

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

yes,

**Please attach a copy of your current license issued by
the Department of Social Services Community Care Licensing.**

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203



**City of Milpitas
Family Child Care Assistance Fund
Grant Application**

Name of Applicant: Nasreen's Helping Hands
Address: 832 Russell Lane
City: Milpitas State: CA Zip: 95035
Home Telephone: 408 262-5582 Email: javed-mohammed@hotmail.com
Department of Social Services Community Care Licensing Facility #: 434407499
: Please attach a copy of your license to this application :
Date License first issued: 11/4/03

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

want to buy a shed to store toys, supplies for daycare.
- we are running out of space, and with all
toys and other supplies its getting in the way, or
either
things outside are getting damaged in the sun/rain.

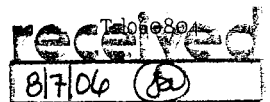
2. Amount you are requesting \$ 500.00

3. How many children are currently enrolled in your program? 5

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

No

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203



5. In order to understand your client population, please indicate number of **families** served per category:

2 Parent(s) live and work in Milpitas
2 Parent(s) live in Milpitas but work in another City
____ Parent(s) live in another City but work in Milpitas
____ Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

Raising a Reader, 4C's

7. What hours are you open to provide child care services?

7:30 AM to 5:30 PM
Days of the week: Mon - Fri

8. Is your program accredited? No

If yes, by what organization? _____

If no, do you have plans to become accredited? Yes : Plan to take classes in fall

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

Carry on struggle, or fund from self.

Either way besides cost of shed, there is cost to build concrete base and assemble anchor which we will do.

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

One.

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

Yes with Allstate

Please attach a copy of your current license issued by the Department of Social Services Community Care Licensing.

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

**City of Milpitas
Family Child Care Assistance Fund
Grant Application**

Name of Applicant: Fauzia Salim

Address: 706 Clauses Dr

City: Milpitas State: CA Zip: 95035

Home Telephone: 946-6023 Email: fw.salim@yahoo.com

Department of Social Services Community Care Licensing Facility #: 434406 410
: Please attach a copy of your license to this application :

Date License first issued: 08/19/02

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

I would like and planning on buying more art and learning supplies
which children can use in art and learning activities. Also I need
to buy Furniture such as small table and chairs which will
allow children to participate in an activity relevant to their
age. In addition I would like to take further classes in
early childhood.

2. Amount you are requesting \$ 500

3. How many children are currently enrolled in your program? 6

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

yes, I take care of one special need girl, and the grant
funding allows me to buy more developmentally toys

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

received
10/10/02

5. In order to understand your client population, please indicate number of **families** served per category:

4 Parent(s) live and work in Milpitas
 Parent(s) live in Milpitas but work in another City
1 Parent(s) live in another City but work in Milpitas
1 Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

I participate in The City of Milpitas for a Better Child Care,
and also I am a member of Community Co

7. What hours are you open to provide child care services?

7 AM to 6 PM

Days of the week: Monday - Friday

8. Is your program accredited? yes, by The Community College Inclusion Training
If yes, by what organization? Collaborative
If no, do you have plans to become accredited?

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

Regarding my college classes I follow Developmentally Appropriate
curriculum.

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

My alternative plan, if my grant is not funded would be to
buy cheaper or used toys.

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

Previously I received grant from the City of Milpitas for years
2004 and 2005.

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

no, but I keep everywhere safe and children are always
supervised by at least one adult.

**Please attach a copy of your current license issued by
the Department of Social Services Community Care Licensing.**

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

**City of Milpitas
Family Child Care Assistance Fund
Grant Application**

Name of Applicant: Samira Samawi (Suzie)

Address: 1253 Fallen Leaf Dr.

City: Milpitas State: CA Zip: 95035

Home Telephone: (408) 946-8173 Email:

Department of Social Services Community Care Licensing Facility #: 434400940
: Please attach a copy of your license to this application :

Date License first issued: 10.14.94

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

Back Yard Toys

Educational stuff to use

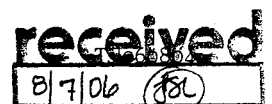
2. Amount you are requesting \$ 500 or max.

3. How many children are currently enrolled in your program? 7

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision. Yes.

more Educational stuff for the
special needs kids

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203



5. In order to understand your client population, please indicate number of **families** served per category:

4 Parent(s) live and work in Milpitas
1 Parent(s) live in Milpitas but work in another City
1 Parent(s) live in another City but work in Milpitas
1 Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

NO

7. What hours are you open to provide child care services?

5 AM to 7:00 PM

Days of the week: Monday - Saturday

8. Is your program accredited? NO

If yes, by what organization? _____

If no, do you have plans to become accredited? _____

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

?

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

It big Help.

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

more than 5 years.

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

NO.

**Please attach a copy of your current license issued by
the Department of Social Services Community Care Licensing.**

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

**City of Milpitas
Family Child Care Assistance Fund
Grant Application**

Name of Applicant: Dinh Tai
Address: 230 Midwick Dr
City: Milpitas State: CA Zip: 95035
Home Telephone: (408) 934-1290 Email: dinh-tai52@yahoo.com
Department of Social Services Community Care Licensing Facility #: 434407738
: Please attach a copy of your license to this application :
Date License first issued: 11/04/04

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

computer → for homework needs & educational activities
TOYS → for fun activities
playstation → fun, but educational activities

2. Amount you are requesting \$ 500.00

3. How many children are currently enrolled in your program? three

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Yes, two special needs children. Age 7
and twelve. A computer for educational learning,
and also CD-ROMS to help improve with school.

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

received
8/21/06 (82)

5. In order to understand your client population, please indicate number of **families** served per category:

☐ Parent(s) live and work in Milpitas
☒ Parent(s) live in Milpitas but work in another City
☐ Parent(s) live in another City but work in Milpitas
☐ Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

~~PRE-qualified program~~ CPR licensed
Child Care Association (meeting/program)
in Milpitas/San Jose

7. What hours are you open to provide child care services?

10 AM to 5/6 PM

Days of the week: M-Sat

8. Is your program accredited? YES

If yes, by what organization?

professional Child Care/Special Needs

If no, do you have plans to become accredited?

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

Educate / Help on Homework

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

Please really consider my needs because I really need this, and I also care for special need children.

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

0

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

NO, because there has never been any accident because I take really good care of them and I have all the first aid kits ready. And my house is clean and all dangerous things are not reachable for children.

Please attach a copy of your current license issued by the Department of Social Services Community Care Licensing.

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203